COURSE CHANGE REQUEST FORM

The following procedure is in place for any student desiring to make a schedule change. This form must be presented at the time of the schedule change request.

Student Name ____________________________________________________________

Grade Level _______             Date __________________________

Course to Drop ___________________________ Course to Add _______________________

Academic reason for request: ________________________________________________
___________________________________________________________________________
___________________________________________________________________________

The following teacher signatures may or may not be needed depending on circumstances.

For Core Courses the following signature is required. Electives require no teacher signatures.

English: Your current FGR Teacher:
□ I Agree with this change ____________________________
□ I DO NOT Agree with this change ______________________

Math/Science: Mrs. Duncan ________________________________

Social Studies: Ms. Buckler ______________________________

World Language: Your current FGR Teacher:
□ I Agree with this change ____________________________
□ I DO NOT Agree with this change ______________________

Please bring in this form even if you have been unable to acquire the teachers’ signature.

The following signatures are required for any change requests:

__________________________________________
Counselor

__________________________________________
Parent

__________________________________________
Student